

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 604433 (3)

1. Corporation Name

JAY C STINE D.D.S.,P.A.



Principal Place of Business

281 SALVADOR SO.
WINTER PARK FL 32789
US

Mailing Address

281 SALVADOR SO.
WINTER PARK FL 32789
US

3. Date Incorporated or Qualified
06/14/1973

3a. Date of Last Report
02/09/1995

4. FEI Number
59-1518785

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 229 PHEASANT RUN CT.
Suite, Apt. #, etc.

22 City & State
LONGWOOD, FL

23 Zip 32779
25 Country

2a. Mailing Address

26 SAME AS 2.
Suite, Apt. #, etc.

27 City & State

28 Zip
29 Country

9. Name and Address of Current Registered Agent

STINE, JAY C.
315 N. LAKEMONT AVE.
WINTER PARK FL 32782

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

229 PHEASANT RUN CT.

83

84 City

LONGWOOD

FL

85 Zip Code

32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME STINE, JAY C.
STREET ADDRESS 281 SALVADOR SO.
CITY - ST - ZIP WINTER PARK FL

TITLE S
NAME STINE, MARY A.
STREET ADDRESS 281 SALVADOR SO.
CITY - ST - ZIP WINTER PARK FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME JAY C. STINE
1.3 STREET ADDRESS 229 PHEASANT RUN CT.
1.4 CITY - ST - ZIP LONGWOOD, FL 32779

2.1 TITLE S
2.2 NAME MARY A STINE
2.3 STREET ADDRESS 229 PHEASANT RUN CT.
2.4 CITY - ST - ZIP LONGWOOD, FL 32779

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96

Date

407-786-5446

Daytime Phone #

CR2E034 (12/95)